

**Washington State Department of Transportation**

Commercial Vehicle Services

PO Box 47367

7345 Linderson Way SW

Olympia, WA 98504-7367

360-704-6340 / Fax 360-704-6350

**Special Oversize/Overweight
Vehicle Permit Application******* Same Day Service Not Guaranteed if Received After 3:00 PM *****

Company Name			Contact Name	DOT #
Street Address			Phone (With Area Code)	Permit Start Date
City	State	Zip Code	Fax (With Area Code)	Permit End Date

Power Unit License Number	Transponder Number	VIN Number (Complete)		
Make	Year	Base State	Unit #	

Permit Type	Load Description	Monthly or Annual
<input type="checkbox"/> Single Trailer	Trailer/Load Length <u>56</u>	
<input type="checkbox"/> Double Trailer	Trailer/Load Length <u>68</u>	
<input type="checkbox"/> Fixed Load	<input type="checkbox"/> 3 Axles <input type="checkbox"/> 4 Axles Gross Weight _____ Licensed Weight _____ Axle Spacing Report # _____ Width _____ Height _____ Total Overall Length _____ Front O/H _____ Rear O/H _____	
<input type="checkbox"/> Non Divisible Load <input type="checkbox"/> Tractor/Trailer <input type="checkbox"/> Truck/Trailer <input type="checkbox"/> Single Unit	Width _____ Height _____ Total Overall Length _____ Load Length _____ Overall Length Minus Power Unit _____ Front O/H _____ Rear O/H _____ NOTE: Maximum Limits 14' wide, 15' high, 125' overall length minus power unit, 85' truck and trailer overall length	
<input type="checkbox"/> Manufactured Housing	Width <u>15</u> Height <u>15</u> Trailer Length including Tongue <u>75</u>	
<input type="checkbox"/> Log Tolerance	Power Unit # Axles _____ Trailing Unit # Axles _____	
<input type="checkbox"/> Tow Truck	<input type="checkbox"/> B <input type="checkbox"/> C Power Unit # of Axles _____	
<input type="checkbox"/> Farm Implement	<input type="checkbox"/> Farmer <input type="checkbox"/> Dealer	
<input type="checkbox"/> Temporary Additional Tonnage	Gross Weight _____ License Weight _____	
<input type="checkbox"/> Duplicate Permit	Permit Number _____	
<input type="checkbox"/> Permit Transfer	Permit Number _____ to the Above Vehicle	

For Permit fees, go to: www.wsdot.wa.gov/commercialvehicle/permits

E-mail Address		CVS OFFICE USE ONLY	
		Permit No. _____	Amount _____
Print Name as it Appears on Credit Card		Signature	Date
Credit Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Bankcard # (All applications are processed over the Internet)		Expiration Date

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